

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

Return should preferably be made  
person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 47

Place of Birth Hayden County Gila No. \_\_\_\_\_ St. \_\_\_\_\_

(Registration District)

CHILD*	Twin	{	and	{	Number*
Male	Triplet or other?				

DATE OF BIRTH\* May 30, 1930  
(Month) (Day) (Year)

FATHER  
Ignacio Romero Age 33

MOTHER  
Elvira Amado Age 23

I HEREBY CERTIFY that the child described herein has  
been named

Emilia Romero

(Give name in full)

(Surname)

Elvira Romero  
(Parent's Signature)

(Signature of Physician or Midwife)

Use items to be entered by the local registrar before giving out this form.

Additional supplemental reports of birth may be obtained from the local registrar.

596-530-516